

LOCAL BANKRUPTCY FORM 2016-3.5

[Caption as in Bankruptcy Official Form No. 16B]

CHAPTER 13 SUPPLEMENTAL FORM FEE APPLICATION

SUMMARY

Pursuant to 11 U.S.C. § 330, Applicant, (name of attorney), attorney for the debtor, requests allowance of the following fees and reimbursement of out-of-pocket expenses incurred after confirmation as follows:

- | | |
|---|------------|
| 1. TOTAL FEES REQUESTED in prior applications | \$ _____ |
| 2. TOTAL EXPENSES REQUESTED in prior applications | + \$ _____ |
| (Total Fees and Expenses Previously Requested) | = \$ _____ |
| (Total Fees and Expenses Previously Approved by Court) | \$ _____ |
| 3. TOTAL FEES REQUESTED in this application | \$ _____ |
| 4. TOTAL EXPENSES REQUESTED in this application | + \$ _____ |
| (Total Supplemental Fees and Expenses Requested) | = \$ _____ |
| 5. AMOUNT PAID PRIOR TO FILING (exclusive of the filing fee) | - \$ _____ |
| 6. NET AMOUNT OF FEES AND EXPENSES TO BE PAID
THROUGH CONFIRMED PLAN NOT TO EXCEED
AMOUNT FUNDED BY THE PLAN | = \$ _____ |

DETAIL IN SUPPORT OF FEE REQUEST

1. FEES

Amount of fee Applicant agreed to with Debtor(s) for performing services to represent the Debtor in this case: (amount disclosed in 2016(b) disclosure)..... \$ _____
(amount disclosed in amended 2016(b) disclosure)..... \$ _____

A. This agreed upon fee represents (check applicable boxes):

- ☐ a flat charge for all services in this case (less than or equal to the presumptively reasonable fee).
☐ hourly charges based upon time spent.
☐ other fee arrangement based upon:_____.

B. Applicant's rate for attorney services is \$_____/ hour; the rate for associate attorney services is \$_____/ hour; and the rate for paralegal services is \$_____/ hour.

2. EXPENSES

Amount of expenses incurred for this supplemental application:

_____ copies (at _____/copy)	\$ _____
Postage	\$ _____
Other (specify)	
Facsimile	\$ _____
Legal Research	\$ _____
_____	\$ _____
Total:	\$ _____

APPLICANT'S CERTIFICATIONS
IN SUPPORT OF SUPPLEMENTAL FORM FEE APPLICATION

APPLICANT CERTIFIES/ATTESTS THAT:

1. ☐ I have performed all reasonably necessary and appropriate services during the pendency of the entire case consistent with L.B.R. 9010-1, and previously obtained approval of fees and/or costs under the SFFA procedure or LFFA procedure as set forth in L.B.R. 2016-3.

2. ☐ I am requesting a supplemental fee for services rendered post-confirmation which exceeds the previously approved fees under the SFFA or LFFA.

3. Attached to this Application are:

- (a) A narrative describing the services rendered post-confirmation in the case and the reasons why the applicant seeks a fee in excess of the fees previously approved by the Court under the SFFA or LFFA, such as results achieved, difficulties encountered or any other unique aspects of the case and discussing the standards of 11 U.S.C. § 330(a);
- (b) Detailed time records describing all individual services which include:
 - (i) the time spent for each service rendered, broken out in tenths of an hour;
 - (ii) the hourly rate for each service rendered by the Applicant (and/or the hourly rate for Applicant's associates or paralegals);
 - (iii) the charge for each service rendered; and
 - (iv) such other and further information as the Applicant believes is necessary to support allowance of the fee pursuant to 11 U.S.C. § 330(a).

Dated: _____

By: _____
Counsel to _____
 Attorney registration number _____
 Business address _____
 Telephone number _____
 Facsimile number _____
 E-mail address _____